



Doc # 2005156344
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Date: 02/24/2005 11:33A
Filed by: SKAMANIA COUNTY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

RECEIVED

FEB 24 2005

SKAMANIA COUNTY
AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY CLERK OF THE BOARD
Skamania County Auditor's Office
Skamania County Courthouse
240 North West Vancouver Avenue, Room 27
Stevenson, WA 98648

FOR OFFICE USE ONLY:

CLAIM NO. _____

DATE FILED: _____

COPIES TO: _____

NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS
FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

ATTACHMENTS: YES(#) NO

1. Name (including spouse if married): (Please Print)

MARCIA MANSFIELD

2. P O Box 309 N. Bonneville WA
Address City State Zip

3. HM Phone: 427-8691 WK Phone: _____ MSSG Phone: _____

4. Date and time of incident: 10-8-04 approx 10AM

5. Location of incident:

Highway 14 on Bridge Passing Lane

6. Describe in narrative form and in detail exactly how the incident occurred:

A Skamania County Deemps Truck threw large
rock hitting soundboard on passenger side

7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): _____

8. Please list name and address of any and all witnesses or persons involved:

(Please Print)

JOAN MANSFIELD DRIVER of Olds

9. Describe the damages or injuries you sustained as a result of the incident:

Windshield hole

10. Was incident investigated by a police officer? Sheriff no State Patrol no
City no

11. If a vehicle was involved in the incident, describe: Make Oldsmobile
Model cutless Year 1987 State Wn License No. 489 MNV
Insurance Company SAFECO Policy Number P

12. Describe what you did after the incident occurred: had appointment at 1 PM
in Seaside, Oregon & since had a late start, did
not follow back when it started up Salmon
Falls Road

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. none

14. How did you identify the County as the party responsible for your damage?

Deeby tried to drive, Marion could not see license plate
on road it was just up on tall jet behind drove into
Shots because on back of road the envelope

I certify under penalty of perjury under the laws of the State of Washington that the information
contained in this claim is true and correct.

DATED THIS 31 DAY OF January, 20 05

Marcia Mansfield
Claimant's Signature

see original letter dated 1-25-05

File Name: Commiss/Risk Mang/Claims/Claim For Damages

NOTE: Personal property (car, etc.) damages are to be accompanied by 2 estimates for repair costs. The Skamania County Risk Manager will investigate this claim. The decision to honor this claim will be based upon that investigation. Making a false report or providing false evidence is a crime and punishable by fine and/or imprisonment. Additional pages may be attached if needed to answer the questions.

Quote for 1989 Oldsmobile Cutlass Ciera - Mileage:

Grant,
Stevenson, WA 98648

Sams Auto Body
"www.samsauto.biz"
351 2nd St (P.O. Box 1155)
Stevenson, WA 98648
Phone: 509-427-5248
Email: samsautobody@earthlink.net

Type	Description	Qty/Hrs	Part No	Unit Price	Subtotal
Part	Winshield	1.00		120.00	120.00
Labor	Install Winshield	2.0			84.00
Part	Winshield Sealant	1.00		10.00	10.00

	Worksheet	Supplies	Hazmat	Tax	Subtotal
Part \$	130.00	8.35		9.10	147.45
Labor \$	84.00		4.28	5.88	94.16
Grand Total					241.61

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ESTIMATE OF REPAIRS
SCENIC AUTO BODY

962 Wind River Highway, P.O. Box 99 • Carson, WA 98610

PHONE: DAYS (509) 427-8737

FAX: (509) 427-7974

OWNER
Paul R. Penner
(509) 427-8071

Date 2/23/03

Name JARSHA Address ANSWER

City N. Bonn.

Phone _____

Make OLDS Year 89 Serial No. _____ Body Style _____ Style No. _____

Mileage License No. Paint No. Trim No. Insurance Co.

Mileage _____ License No. _____ Paint No. _____ VIN No. _____ Insurance Co. _____

REMARKS

3.0 HRS OF LABOR AT \$ 42.00 PER HR \$ 84.00

PARTS \$ 180 45

MATERIALS \$ 20.00

SUB TOTAL \$284.45

SALES TAX \$ 1 9 9

ESTATE TOTAL \$304.36

ANCE CHARGES \$

GRAND TOTAL \$

This estimate is based on our inspection and does not cover additional parts or labor which may be required after the work has been started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. Naturally this estimate cannot cover such contingencies. Parts prices subject to change without notice. This estimate is for immediate acceptance.

THIS WORK AUTHORIZED BY

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